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Original.

ABSTRACT OF REMARKS UPON THE TREATMENT OF STRICTURE OF THE SIGMOID FLEXURE AND OF THE FIRST PORTION OF THE RECTUM.*

BY JOHN B. DEEVER, M.D., PHILADELPHIA.

My object in offering a few remarks upon stricture of the sigmoid flexure and of the first portion of the rectum this evening is to obtain the views of the Fellows present upon this, which is certainly a very important subject, and to place upon record a case of stricture of the terminal portion of the sigmoid flexure and of the first portion of the rectum, recently under my care, in which the passage of a flexible rubber bougie (Wales) but one size, French scale, larger than that which had been passed many times before, caused perforation of the rectum below the stricture, resulting in the death of the patient within 24 hours thereafter from peritonitis.

The diagnosis of stricture of the second and third portions of the rectum is readily made by the sense of touch.

When the index finger is not long enough to reach beyond the second portion with the patient lying on the back, it may be done with ease if the patient be turned upon the left side and the thighs slightly flexed upon the abdomen and the finger introduced into the anus from behind.

Contraction in this part of the bowel can often be diagnosed by the introduction of a short, flexible Wales bougie, but the finger is the more trustworthy instrument. This, too, is the only portion of the bowel where we will all admit that the operation of proctotomy for the relief of a contraction is admissible.

The soft, flexible rubber bougie is the only instrument that can be carried

safely as well as surely through the upper portion of the rectum and the sigmoid flexure. The use of the non-flexible rectal bougie is not only an unsafe instrument, particularly where the stricture is situated beyond the second portion of the rectum, but one which may mislead the surgeon in making a diagnosis of stricture when it does not exist.

On account of the bend made by the junction of the first and second portions of the rectum it can be readily seen how the point of a non-flexible bougie is arrested by contact with the wall of the bowel at this point, which offers resistance to its further passage, and a diagnosis of a pathological obstruction made; or, it may be that the bowel, owing to the meso-rectum which, if preternaturally long, will be carried in advance of the point of the instrument to or beyond the median line in the neighborhood of the pubis, while if the instrument by chance should pass into the sigmoid flexure, the latter, owing to the meso-sigmoid, may be carried to or beyond the median line in the neighborhood of the umbilicus, which, in either event, might give rise to the belief that the bougie had passed into the bowel beyond, if not through, a supposed stricture.

With the subjective symptoms of stricture of the large bowel present, namely, constipation, or may be attacks of diarrhea, the passage of ribbon shaped stools or of choppy stools covered with mucus and blood, or preceded or followed by the passage of mucus and blood attended by tenesmus, the lower portion of the rectum being intact, as proven by a digital examination, it does not absolutely follow that a stricture is the cause in all instances, as we may see this train of symptoms consequent upon a sub-acute or chronic catarrhal inflammation of the colon, of the sigmoid alone, or in ulceration of the sigmoid flexure; therefore, before

* Read at the meeting of the Philadelphia Academy of Surgery, Dec. 4, 1893.

we can get more definitely at the exact condition of affairs it will be necessary to resort to instrumental interference in the introduction of graduated sizes of flexible rubber bougies, when a diagnosis can generally be arrived at with a very fair degree of certainty.

This should be done with all due care, and preferably by one experienced in the use of these instruments, as it has been demonstrated, particularly in the case I report to-night, that serious results can accrue from even the passage of a soft instrument, which argues strongly against the use of non- or semi-flexible instruments. From the relation the first portion of the rectum holds to the second when the former is the seat of extensive thickening or the walls contain a growth, upon digital examination this can usually be detected. In this class of cases, as in disease of the second and third portions, if in the female, much can be learned by careful digital examination of the vagina.

I have on several occasions been able to feel with the finger masses in the first portion of the rectum, as well as the presence of a growth which had assumed some size in the terminal portion of the sigmoid, by carrying the vault of the vagina well in advance of the examining finger, aided, too, by counter-pressure made over the abdominal walls. Further, I believe these examinations are better made without ether, having the feelings of the patient to guide us, and with less risk of injuring the bowel.

Where a mass is suspected in connection with symptoms of stricture, which would suggest malignant disease, there is considerable to be gained, however, by giving the patient ether, under the influence of which the abdomen can be palpated more satisfactorily.

Another means of diagnosis, that of dilating the sphincter of the anus and the introduction of the hand into the rectum and the sigmoid, I have never had the courage to do.

In cases of great doubt, rather than resort to the last procedure, I deem it more advisable to do an exploratory abdominal section.

Exploratory abdominal section, however, done for the purpose of diagnosis in the questionable cases of stricture of the sigmoid and the first portion of the rectum, I am not a strong advocate of, as I think that a diagnosis in the

majority of cases should be made without resorting to so complicated a measure.

The operation should be the natural sequence of the diagnosis and not the diagnosis of the operation. Perfecting one's self in diagnostic attainments is certainly more creditable to a surgeon than to feel forced to have to open the belly cavity to determine that which may be done without.

The majority of cases of benign stricture involving the first portion of the rectum are amenable to treatment by either the bougie or colotomy. Stricture of the sigmoid flexure, very rare except when of malignant origin, is not nearly so favorable for gradual dilatation by the bougie. Stricture here located, be it benign or malignant, if the inflammatory process has not advanced too far to permit of resection and anastomosis, or perhaps circular enterorrhaphy, the most that can be hoped for in the majority of instances is the establishment of an artificial anus in the loin.

The choice between iliac and lumbar colotomy must depend upon the merits of each case.

In benign stricture of the sigmoid flexure and of the first portion of the rectum, I recommend gradual dilatation by means of the flexible rubber bougie. When this is not possible, more radical measures must be adopted.

In malignant stricture of the above portions of the bowel the bougie can do nothing other than harm; directly, by hastening the diseased process, and, indirectly, by misleading the patient in having him believe that an operation will not be required.

I believe the earlier radical operative interference in malignant disease of the bowel is instituted the better, and that if this practice was followed in all instances patients' lives would certainly be very materially prolonged and, in some cases, the disease perhaps be eradicated by removing it while yet local.

The advisability of furnishing the patient with a bougie and instructing him to pass it himself I am inclined to question; I think this is better done by the surgeon. In addition to instrumental and operative treatment, much is to be gained by constitutional treatment, particularly if the case be of specific origin; but unless the history clearly points to this we should be careful not to push the treatment too

far for fear of the debilitating effects; by attention to the general health, by the administration of tonics, by advising the proper diet, by giving tonic laxatives to have the bowels moved daily.

In cases where tenesmus is excited by the presence of a collection of mucus it is advisable to introduce a long flexible rubber tube beyond the stricture, through which the bowel can be irrigated with warm water or with mild antiseptic astringents.

The following is the case I have referred to above: F. W. R., aged about 30, consulted me July 27, stating that he had a stricture of the large bowel, for which he was passing at intervals of from four to five days Nos. 9 and 11 Wales bougies by the advice of his physician. Upon being questioned, he described the symptoms characteristic of stricture of the sigmoid flexure or of the latter and first portion of the rectum. He further stated that without the aid of medicine taken internally or the use of enemas it was impossible for him to have a passage.

Digital examination of the rectum revealed nothing other than a rather capacious organ. Examination with the bougie showed the presence of an unquestionable obstruction nine inches within the anus. I advised continuance of the local treatment, but disapproved of his using the bougie himself. I passed a bougie up to the time of his last visit to me, when, upon introducing one a size larger than the one usually used, namely, No. 12—which I had also passed before with but little difficulty—as the point of the instrument was engaging in the stricture he suddenly lurched forward upon the operating chair, and before I could withdraw the instrument he rebounded, as it were, upon the point of the bougie. This was immediately followed by severe abdominal pain. I feared the bowel had been penetrated on the anal side of the stricture, but was not certain, as the instrument was withdrawn clear of blood; neither was there any blood passed after its withdrawal. I advised that he go to the hospital, where he would have the benefit of absolute rest and at the same time give me the opportunity of having him closely observed.

Contrary to my advice, he went to his place of business, but came back to my office some time afterward, complaining of the pain being as severe as

when he left me earlier in the morning. He now consented to go to the hospital. The pain was so severe as to require large doses of morphine to relieve him. He would not consent to an abdominal section, therefore I was powerless to do other than administer anodynes, counter-irritants, etc. He died the following night. The abdominal walls remained perfectly rigid, with the absence of tympany until four hours before he died, when there was pronounced distention.

An autopsy made shortly after death showed the presence of a purulent peritonitis and a linear stricture involving the terminal portion of the sigmoid flexure and the first portion of the rectum. The bowel immediately below the stricture, which was very much dilated, with the wall nearly as thin as tissue paper, showed a perforation. Upon opening the bowel there were present cicatrices, which were evidently the result of ulceration. There were present old adhesions in the abdominal cavity in the neighborhood of the descending colon and sigmoid flexure. Upon opening the chest there were present adhesions at the apices of the lungs. No further evidence of organic disease.

A few hours before his death, in a conversation with his mother, I learned, much to my surprise, that he had for some time back been giving himself an enema after each meal; this, to some extent at least, evidently accounted for the very much dilated and thin condition of the wall of the bowel, rendering it susceptible to penetration by the bougie.

DIFFICULTIES IN MICTURITION OF UTERINE ORIGIN.

PAR LE DR. E. LOUMEAU.

(Journal De Medicine De Bordeaux. Translated by T. H. M.)

This author directs attention to the intimate vascular and nervous relations between the urethra, bladder and uterus in the female, and the attendant diseased conditions which occur in consequence of their physiological modification, as puberty, pregnancy, the menopause, etc., besides pathological deviations, as congestions, inflammation or neoplasm.

Hyperemia or inflammation may be propagated from one viscus to another by reflex or mechanical action, as compression.

Indeed, in some of the older works, authors have consecrated numerous chapters to those vesical conditions arising in consequence of uterine lesions or derangements; and claimed that in the female fully as many sequelae occurred in consequence of such types of cystitis, as are seen result from stricture in the male urethra.

He saw many very obstinate types of cystitis and distressing cases of vesical tenesmus produced or greatly aggravated by pregnancy and by tumors.

He then cites two very serious cases which came under his care, and were promptly relieved after others had endeavored in vain to cure them.

Their most constant symptoms were great distress in passing the last few drops when blood would follow.

Another constant symptom was incessant micturition. This state was sometimes attended by pyuria. But this feature, however, is rather of a functional than of an organic origin. It is on par with what Boyer designated "fissure sans fissure;" hence, why we may have that paradoxical state of "cystitis without cystitis."

Observation I.—Cystalgia, provoked by uterine cauterizations with nitrate of silver; cure effected when those cauterizations were discontinued.

History—M. C., 42 years old, came to consult, last winter. Regular since she was 12 years old; married at 15 and had her first child at 16. Soon after complained of pain in the pelvis, on the left side.

Was treated for salpingitis. Afterward, when about 30 years, was first treated for cervical ulcerations.

From this time on, with varying intensity, she had bladder symptoms.

In July, of the present year, had violent cystalgia, two days after the use of caustics on the uterine cervix. The entire vesical region of the pelvis, with the upper floor of the vagina, was exquisitely sensitive.

Exploration of the bladder was quite impossible. Discontinuance of the caustic, with rest, warm injections and demulcent drinks, promptly relieved her of all painful symptoms, and since then she has remained in perfect health.

Observation Second.—History—Patient virgin, 32 years old; complained of pain recently. Her great distress was always after menstruation.

Discovered a condition of sub-acute metritis, with vesical congestion.

By the free use of warm douching of the vagina, with the instillation of from 10 to 20 drops of warm, distilled water into the bladder, and hot cataplasms over the hypogastrium great relief was secured.

This, combined with active, internal treatment, soon restored her to her former perfect health.

PHILOSOPHY OF MAN.

BY JAMES E. GARRETSON, A. M., M. L.

(Continued from previous lecture.)

Intention is to impress a conviction that Spiritual is only another name for Form; that spiritual things are no more of relation with any supernatural than are microscopic things. Misnomer is with definition of the word spiritual. To correct such misnomer let the term Egoistic be used.

In no sense, save as to manner and application, is Egoistic sight different from microscopic sight. Both alike are means of seeing things not otherwise seeable. But neither of them is means of seeing things which do not exist. As well is it the case that any and everything seen or seeable by a sense is within the circle of the capability of the sense; hence, to call Egoistic spiritual is to pronounce Ego spirit, a naming to which no objection is to be made if with it go acceptance of oneness as to Natural and Spiritual.

Ego's circle is one with what is to be called Man's circle. This circle is an Eternal Now. Nothing that is if concern to mortals is outside of it. Visible is in it, invisible is in it; it holds high and low, broad and narrow; it contains heaven and hell.

All that is contained in a circle must be useable in order not to be useless. Means must exist for sight of forms if forms have use, and that forms are seeable, and have use, is not to be denied, save by him who has not considered the lessons lying with inventions.

Surely a very little attention given the subject of inventions satisfies of the existence of forms. It satisfies as well that forms are not any more distant than is matter. It must also satisfy that the use of the one is not any more natural or unnatural than is use of the other.

Every form tends toward birth, or materialization. Music seeks expression by notes. Poetry craves words. Architecture seeks buildings.

Does music, or poetry, or architecture go away without getting back, or trying to get back? Are not musician, poet and architect seen to be in continuous unrest by reason of a materialization demanded of them? Is it not also thus with an inventor? Do any of these Sensitives eat, sleep or in any way live comfortably until materialization is secured by the form seeking a bringing forth at their hands? Consider the thing called birth. Is this other than Ego come to materialization?

Ideas and Egoes being alike forms, is that to be too hastily denied the latter which must be universally admitted for the former? Is it fraud, nonsense or deception to claim materialization, temporary or permanent, for an Ego that has had form and that has fallen away from it?

One is to go no farther than senses which he uses carry him. There are poets and musicians able to see and hear, but who are lacking in materializing power. Inventors are everywhere, but only a very few can fill a form that is seen with matter. What are seen and heard by Sensitives lacking materializing power are one with what philosophy describes as Subjective. A Subjective is the line seen between lines, it is the picture of the coals, it is anything that is present with a beholder, yet not seen, felt or heard by a bystander; apparitions offer themselves in illustration.

Reference may here go back to the Witch of Endor. "Then," said the woman, "whom shall I bring up unto thee?" And he said, "bring me up Samuel."

And when the woman saw Samuel, she cried with a loud voice: And the woman spake to Saul, saying: "Why hast thou deceived me? for thou art Saul."

And the King said unto her: "Be not afraid; for what sawest thou?" And the woman said unto Saul, "I saw gods ascending out of the earth."

And he said unto her, what form is he of? And she said, An old man cometh up; and he is covered with a mantle. And Saul perceived that it was Samuel, and he stooped with his face to the ground, and bowed himself.

The account of the transfiguration applies.

And after six days Jesus taketh

Peter, James, and John, his brother, and bringeth them up into an high mountain apart, and was transfigured before them; and his face did shine as the sun, and his raiment was white as the sun, and behold there appeareth unto them Moses and Elias talking with them.

Then answered Peter, and said unto Jesus, "Lord, it is good for us to be here; if thou wilt, let us make here three tabernacles; one for thee, and one for Moses, and one for Elias."

While he yet spake, behold, a bright cloud overshadowed them; and behold a voice out of the cloud, which said, "This is my beloved son in whom I am well pleased; hear ye him."

And when the disciples heard it they fell on their face, and were afraid.

And Jesus came and touched them, and said, "Arise, and be not afraid."

And when they had lifted up their eyes, they saw no man, save Jesus only.

A poet sees things that he does not materialize, and a musician hears sounds that he does not get into note. What of the things referred to? Were the sights and sounds seen and heard objectively or subjectively? The sights and sounds seen and heard by poets and musicians and, materialized in the innumerable instances by them, make clear that they could have been either.

Many of my hearers are familiar with the Rosicrucian described in the second edition of the book "Nineteenth Century Sense." The person alluded to, one of Philadelphia's greatest physicians, has lately died. I knew this man as a sensitive of such a degree as to quite justify the appellation given him of "illuminate." I have never known one who saw more or felt more. This egoistic enlarged during his sickness, as the organic dwindled away from between it and the light.

Going into his chamber on a morning preceding his death by a week, I found him in a state of ecstasy. Grasping my hand he exclaimed: "I have seen! I have seen! Oh, what I have seen! Oh for language that might render even approach to description possible!" He fell back exhausted exclaiming, "Oh, what I have seen. Oh, what I have seen."

Nothing of what he saw had been seen by watchers who during the night sat by his bedside.

Egoistic is relation with the ordinarily unseeable.

(TO BE CONTINUED.)

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OUR NEW DEPARTURE.

As announced in the last number of the past year, the "Times and Register" has changed the style of its composition to meet the requirements of this progressive age for a first-class weekly medical periodical, at the exceptionally low price of one dollar a year.

We do not wish our readers to think that we are content to rest at this point, however.

We have placed before them a journal concise in its makeup, neat in its appearance, and practical in its substance. From this point we propose to better and enlarge the "Times and Register" as our support warrants, which, from present indications, will not be very long.

We feel confident that under the department heads our readers will appreciate, from week to week, the recent translations and original work of our very efficient staff.

We expect, before the end of the year, to be able to give considerably more space to reading matter than at present, but we realize that it is quality that tells rather than quantity, and that one good article is worth a thousand poor ones.

The very substantial appreciation we have received of late in the large amount of new subscriptions sent in as-

ures us that already our efforts have not been in vain; and from the commendatory letters, which we only regret our inability to publish, we feel that our efforts to make the "Times and Register" indispensable to every practitioner of medicine well worth the hard work which has necessarily been expended to place it on this basis.

F. S. P.

THE PRESENT STATUS OF SURGERY.

Mechanical ingenuity combined with progressive chemistry and rapid advances in microscopical anatomy have served to give an immense impetus to modern surgery.

The gum-theory in the etiology of disease, too, has contributed a large share towards opening up new fields hitherto regarded as inaccessible to the scalpel.

Yet, notwithstanding all this, it remains an open question, whether or not the domain of operative-surgery has not been spurred too far, and whether the sum total of life has been extended by the present too common custom of cutting into everything.

To the impartial observer there is a growing conviction, that his speculation is beginning to swing the other way; that many operations are ill-timed, and needless; therefore little better than mutilation; through which not only is life often needlessly imperilled, but the unfortunate patient has been left in a state much worse than if nothing whatsoever had been done.

It should be remembered, and practiced as an axiom, that in no instance whatever should any description of surgical operation be undertaken by anyone until all constitutional, local and palliative measures have been thoroughly tested and have failed; or when life is jeopardized by an accident, and prompt action is imperatively demanded.

Therefore, in the surgical department of "The Times and Register," its policy for the year 1894, will bear strongly on the lines of conservatism, and an endeavor will be made to cleverly demonstrate the operable from the inoperable and to describe the means through which life may be prolonged and rendered comfortable, in a multitude of cases, without resort to any of those expedients attended with the loss of blood.

T. H. M.

MODERN TREATMENT OF SIMPLE FRACTURES.

It cannot be said, during the past decade or two, that there has been any radical change in the mechanical treatment of fractures.

It yet remains an open question, whether the current American practice of fixed extension is an improvement over postural treatment or muscular retraction, the practice so strongly advocated by Percival Pott and others.

We all know that in fractures of the forearm the semi-flexed position is that which gives the greatest comfort, and produces the best results. And, no doubt, if the same principle were applied more frequently to the leg, the general results would be more satisfactory and we would meet with fewer cases of deformity or shortening.

Much has been written on the question, as to what material is the most suitable for splints at the primary dressing.

As the usual custom is to immediately apply some sort of solid materials immediately after a bone is fractured, to neglect this and not promptly "set" the limb might seem to a layman nothing less than gross negligence; but the experienced surgeon well knows that many a useful limb has been needlessly sacrificed by a strict adherence to this custom; and, that in not a few cases, the best splint is none at all; of any description whatever.

When our patient is not to be transported a considerable distance, and when there is little or no deformity, the safest practice is to delay any sort of solid fixture until reaction is set in.

T. H. M.

Annotations.

ON THE INFLUENCE OF THE PROFESSION OF MEDICINE OVER PHYSICIANS.

There is a formulated law, a fact in biology, that if life is, in a certain sense, independent of its surroundings, it is not less under their influence.

Man is no exception to this law, which explains and makes comprehensible the effects produced on him by the various professions.

An English journal (the International Journal of Ethics), inquires what may be, on the medical body, the results

of these professional influences from an intellectual and moral standpoint.

The question can only be treated in a general way, for physicians are divided into several classes, whose labors, occupations and interests are sometimes very dissimilar.

The practitioner, professor, laboratory worker, the physician fulfilling official duties, are so many varieties of the same species.

It has been pretended that one of the most frequent, widespread consequences of medical studies was a certain tendency to irreligion; and, if not to absolute and formal denial, at least to a complete skepticism touching things supernatural.

The old proverb "Ubi tres medici, duo athei"—out of three physicians two will be atheists—is translated in modern language by the formula we have all had dinned in our ears, "Physicians are all materialists."

We cannot deny the very large part due to the leaders of biological science in this direction and conclusions of philosophical research during the last hundred years in bringing about this result; but the public at large has undergone a greater transformation than the physicians, to whom these questions have always been presented, and who have in all ages been accustomed to consider as possible the solution of these problems as agreed upon at present.

This is why these solutions have excited neither enthusiasm nor repugnance; and, while outside their ranks everyone feels it his duty to violently attack or defend these modern scientific theories, physicians have entrenched themselves in a kind of indifference, of doubt, of neutrality, which is neither unconscious, irrational nor yet altogether reasonable.

This condition of mind is due to their custom of weighing facts and not jumping at conclusions hastily.

These tendencies are accentuated and become evident to all, when it is a question of certain ideas or beliefs, based on the observation of apparently unexplainable facts, of which nearly all religions present examples.

The "Divine will" in relation to epidemics has ceased to be a causative factor. Madness and epilepsy no longer pass, even with the most religious persons, as sacred diseases. Hysteria is no longer exorcised.

The list of affections, that privileged oratories, or miraculous springs, have

the power of healing daily grows less. While to affirm this is not considered as being irreligious, to act upon it is so considered; and, as any physician, if believing at all, cannot refuse to admit and proclaim these evidences, the entire medical profession is considered as tarnished with atheism, while it is simply indifferent to the questions.

The public has grown used to this indifference, and does not take so much notice of it as it formerly did.

In writing his fine article on "faith cures," Charcot has not shocked his contemporaries as much as the physicians of the school of Hippocrates did, who, apropos of epilepsy, said: The disease appeared to him "no more divine or sacred than other diseases, but was due to natural causes, like the others, and those who first attributed them to the gods seem to him to be like the sorcerers, jugglers and charlatans of today."

It, therefore, appears that the effect of medical studies in all times has been to give more breadth and independence in ideas and judgment, more decision and firmness of mind, and not necessarily to induce irreligion or atheism in those who pursue such studies.

Passing from professing to the practice of medicine, everything in it favors a superior grade of morality in the physician. Thus J. S. Billings says: "In the first place the physician is rendered prudent in the use of alcoholic drinks—not alone from his daily experience of their ill effects, when their use is abused, but because he knows it is never good for him to drink sufficient to cloud his judgment—or to embarrass his speech—as he cannot tell how soon he may be called to a serious case."

This is only looking at it from a business standpoint, however, and moderation should proceed from higher motives.

The independence and breadth of thought was mentioned above.

Practice of the art of medicine adds to that other qualities—precision and sureness, promptitude and cool decision, philosophic indulgence for moral misery, which appears rather as disease than as vice. Sympathy with those who are in trouble, as shown by the two virtues which will ever be the honor of the profession—devotion, self-sacrifice, which is hourly called into action, and charity, given freely and without hope of reward, which in the end becomes a habit,

and which the profession assumes to itself no pride.

Trousseau, in the introduction to his lectures at the Hotel Dieu, delivered this magnificent speech to his students:

"There commences for you that priesthood that you honor, and which will honor you; that career of sacrifice in which your days and nights are, for the future, the property of your patients. You must resolve to sow in devotion what you will so often reap in ingratitude. You must give up family joys and repose, must meet distaste, mortification and danger; must not recoil from death when it threatens you, for death conquered in the midst of the perils of your profession will cause your name to be held in respect."

—Translated by E. W. Bing, from *L'Union Médicale*.

BUREAU OF INFORMATION. INCOMPATIBLES.

Are the following formulæ incompatible mixtures, and, if so, are they not dangerous?

First:—

R Chloral hydrate..... grains 100
Potass. bromid..... grains 150
Morph. sulph..... grains 1
Aqueae Qs..... ounces 8

M. Sig. Use as directed.

Second:—

R Iodide potass..... ounce 1
Strych. sulph..... grain 1
Syr. Hypophos..... ounces 6

M. Sig. Teaspoonful t. i. d.

Wheaton, Kan.

J. V. V.

(Strictly speaking both are chemically incompatibles. The second decidedly so. The first would form a bromide of morphine, which would require a shake label on the bottle to prevent the alkaloid settling to the bottom; however, as the doses are exceptionally small, the danger would be slight if this were observed.

The second prescription is radically an unsafe one. Iodide of potassium should not be combined with an alkaloid or anything, save the bichloride of mercury, as it forms a precipitate, and the strychnia would all be taken with the last dose. —Ed. T. and R.)

RADAM'S MICROBE KILLER.

In answer to the query of R. J. C. for the formula of Radam's "Microbe Killer," I give the following as it appears in my note book:

Sulphuric acid (impure)

(Oil of vitriol)..... drachm 4

Hydrochloric acid(impure)drachm 1

Red wine oz. 1

Water 1 gallon

The formula was obtained from investigations conducted in the Laboratory of the Medico-Chirurgical College, and Philadelphia Dental College. The same or nearly the same can be found in in Potter's *Materia Medica* of 1890.

SAMUEL P. GERHARD, M. D.

Book Notes.

MEDICAL JURISPRUDENCE OF INSANITY. By Edward C. Mann, M. D. Published by Matthew Bender, Albany, N. Y.

This is a strictly legal work; nevertheless it is one that is necessary in the library of any physician who is called upon to give testimony regarding insanity in courts, and this is a position which may fall to the lot of any.

The book contains 408 pages of reading matter, and opens with a chapter on the general consideration of the medical jurisprudence of insanity; sexual perversion and its relation to insanity follows; idiocy, imbecility, civil incapacity and mental responsibility in criminal cases are in turn discussed; a chapter on the medico-legal relations of railway injuries, as well as one on psychology of crime, are admirably treated.

THE TREATMENT OF CUTANEOUS MALIGNANT EPITHELIOMATA. By A. R. Robinson, M. B., L. R. C. P. and S. (Edin.) New York. Published by the International Journal of Surgery Co..

The above titled brochure, well illustrated, treats of the disease as found already existing in the skin and does not attempt a discussion of the many theories concerning the etiology of cancer. The work is neatly bound, contains 63 pages and is well arranged. The various methods of treatment are well handled and a due consideration given each.

"THE PARLIAMENT OF RELIGIONS." Published by F. T. Neely, Chicago, Ill.

This book has been previously noticed, but as we have not until recently received our copy it is fitting to again make a short note of it.

"The Parliament of Religions" is certainly a wonderful work, obviously not more so than the congress itself; but, comprising, as it does, a report of the various ideas advanced during the parliament at the World's Fair Columbian Exposition concerning the many different religions throughout the globe, it gives one a sense of wonderment at the magnitude of the undertaking.

It is a work of nearly 1000 pages of closely printed matter, and very neatly published. Everyone interested in the subject of religion (and everyone should be), should have a copy. It is an exceedingly valuable work

DR. G. ZANDER'S MEDICO-MECHANICAL GYMNASTICS. By Dr. Albert Levertin, Stockholm, 1893.

This pamphlet is published in the interest of the Zander method of gymnastics, as applied by mechanical means, to the various groups of muscles, and the articulations for the purpose of development, and for the cure of disease. The first chapters are devoted to a history of the inventor and his inventions, and a list of the various motions obtainable by their use. The application of vibration as a gymnastic exercise is claimed as a specialty by Zander. Chapter 7 treats of the method as applied to diseases of the respiratory, circulatory, nervous and digestive organs, and the various cachexias. In scoliosis the method is specially recommended and indeed is considered as a specific. A catalogue of the literature on the subject, a set of illustrations of the apparatus and a map showing the situation of the institutes using this method, completes the book.

MRS. JOHN G. CARLISLE'S "KENTUCKY COOK BOOK." Published by F. T. Neely, Chicago, Ill.

This book, of course, is intended more for the physician's wife, or any other man's wife. It is handsomely bound, neatly printed in elegant style, and evidently intended more for the parlor or library table than the kitchen shelf. However, it is just the book for fastidious housewives, and we can recommend it to anyone wishing anything really elegant in the cook book line.

BOOKS AND PAMPHLETS RECEIVED. ERECTILE TISSUES—THEIR PHYSIOLOGY, PATHOLOGY AND TREATMENT:

By J. J. Caldwell, M. D., Baltimore, Md.

Reprint from the Charlotte Medical Journal, October, 1893.

This reprint treats particularly of the action of damiana, yerba santa, saw palmetto, liquor sedans, vanilla, black haw, pichi, stylosanthus elatior and this class of remedies in the treatment of these affections.

TWELFTH AND THIRTEENTH ANNUAL REPORTS OF THE NEW YORK STATE BOARD OF HEALTH, 1892 AND 1893, with accompanying maps.

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

REMARKS UPON THE TREATMENT OF STRICTURE OF THE SIGMOID FLEXURE AND OF THE FIRST PORTION OF THE RECTUM.

By John B. Deaver, M. D.

The author read before the Philadelphia Academy of Surgery recently a highly interesting and practical resume under this title, and, in closing, recited a case of malignant in the third part of the rectum, in which mortal peritonitis followed in consequence of the perforation of the rectum with a soft rubber bougie.

It is unfortunate that there are so few who practice the surgical art, that have the courage or honesty of Dr. Deaver and dare to publish their failures and thereby warn us of the many dangers which often lie in the way of certain apparently simple operations. This is a weakness which unhappily often marks the career of our ablest surgeons, and hence, except through the newspapers or the law courts do we ever hear of their failures.

In this case cited by Deaver the patient was a young man of 30 summers. While passing a soft, pliant bougie, in the office, the patient was suddenly seized with pain in the abdomen and gave an outcry.

But he was able to get up and return to his desk. The instrument passed was a No. 12 rectal-bougie.

The same evening he went to the hospital and died the following night of acute general peritonitis. An autopsy made shortly after death showed a purulent peritonitis, and a linear stricture involving the upper portion of the rectum. The bowel below, which was greatly dilated and as thin as tissue paper, showed a perforation.

M. DEMOSTHENES ON MODERN PROJECTILES, ESPECIALLY THE MANNLICHER RIFLE.

The author very happily remarks that it has been said by some, who have not studied the question, that the modern small bullet is a most humanitarian invention, inasmuch as it does not produce such an extensive destruction of tissue on entering the body as the large, heavy missile of the near past. But this is a most absurd assumption, and

demonstrates the misunderstanding which generally prevails on the power of modern military firearms.

The Lebel pattern is that now generally employed in the infantry forces of the German, French and English armies; all using the Schwalb smokeless powder.

The Roumanian army have lately adopted the Mannlicher rifle, which it appears from the extensive experiments of Demosthenes is the most powerful, the lightest and accurate of all.

Its destructive energy is something too much to contemplate. One-half the volume of Schwalb's powder possesses more than double the projecting power of the older kinds.

It enables one to make accurate aim. Being thus light and concentrated in potency, the soldier going into action can carry comfortably in his cartouche nearly four times as many cartridges as in former times. With the breech-loading, revolving rifle, it is estimated that from 20 to 40 accurate shots can be fired in a minute.

Demosthenes placed three cadavers in a standing position with their clothes on each from one to two centimetres apart. They were then fired at with this weapon at a distance of a thousand metres, or about six miles, with the result that the bullet when it was not arrested by a bone passed completely through the first two bodies.

At 500 metres it tore completely through all the bodies in most cases. In all, it went through the first two in every instance, doing great destruction to the osseous structures.

His experimental work was extended to the living animal, a large number of horses having been thus sacrificed. The compound action which the peculiar bore of the rifle imparts to the missile is such that, when it strikes, it so rotates and revolves on itself that it makes a very large wound.

In the greater number of horses hit at three-quarters of a mile—when the bullet entered any of the cavities—death frequently was instantaneous through hemorrhage.

At twelve hundred metres, or about nine miles, wounds inflicted by this mis-

sile were mortal, the ball passing through several coils of the intestine, whether filled or empty, and extensively lacerating any of the viscera that it came in contact with.

Hence, as M. Chauval remarks, the field hospital "Post de secours" must be placed at a great distance in the rear, as the zone of danger is everywhere within 3500 to 4000 metres, and it will be a serious affair to remove with celerity a great number of wounded. From all of which he affirms it is curious to know from what side anyone can regard the Lebel or Mannlicher musket in its effects as "humanitarian."

—Bulletin de L'Académie de Médecine, Dec. 1893.

DIAGNOSIS AND TREATMENT OF HEPATIC ABSCESS BY M. HE DR. LE-BLOND.

This author contributes a highly valuable essay under the above title. He says, as abscess of the liver often forms with remarkable suddenness in hot climates, or during the hot seasons, a correct and early diagnosis of it is necessary, in order to introduce such treatment as will effect the best chances of recovery; for he adds, unless they are recognized and promptly treated they commonly end fatally.

He admits that when their volume is diminutive they undergo retrogressive changes and subside without endangering life.

Diagnosis of their seat:—They most commonly occupy the right lobe; the convex surface in about two-thirds of the cases. In about one-fourth left lobe and rarely the lobe of Spigelius.

If the abscess occupy the convex surface the objective symptoms will be thoracic respiration, anguish, paresis of the diaphragm, a dry cough, pleuropneumonia Annesley's symptom of radiating pain through the shoulder; possibly pericarditis and icterus; all point to its definite situation.

If the concave surface be involved the symptoms rather point to the abdomen. Excruciating pain is felt in the umbilical region and in the lumbar region. Icterus is not uncommon because of the pressure of the mass in the great biliary trunks.

Diagnosis as to volume is not difficult. The exploratory-needle is extolled as a safe and most useful aid in diagnosis. When the abscess has advanced towards the periphery and firm adhes-

ions have formed, then it may be freely opened and drained without involving the peritoneal cavity.

But where there are no adhesions then the parts overlying the abscess should be divided, layer by layer, until the pyogenic membrane is reached. when it should be carefully sutured to the abdominal wall and the abscess punctured.

If the abscess has bursted into the peritoneal cavity then a laparotomy should be immediately made, the pus-evacuation and the parts thoroughly irrigated and drained. Double drainage may be necessary.

This type is the most fatal, but per incision and thorough drainage offer the best results in treatment. Indeed, without them no hope can be held out.

—Revue des Publications Françaises et Etrangères.

VARICOSE VEINS

Landerer, professor extraordinaire, of Leipsic, regards the primary processes in the pathology of varicose veins to be located in the valves. These stretch, atrophy, rupture and finally disappear when changes in the walls of the vessels set in.

The unsupported column of blood first causes an irritation, then an inflammation, degeneration and a giving away of all the coats to such an extent as to permit of great dilatation.

Coincident with this there is a malnutrition and wasting of the integument to such an extent as to form ulceration on the slightest provocation.

For treatment he generally discards all surgical operations, and recommends, rather, a properly adjusted bandage, with local bathing and rest of the affected limb.

—Medico-Chirurgicale, Nov., '93.

SEARCHING FOR THE UPPER ENDS OF TENDONS IN WOUNDS OF THE PALM OF HAND.

If the wound is usually small, and the wounded finger is in extension, while the other fingers are flexed, the indication is to suture the tendon.

Here the elastic bandage comes into use. The wound is enlarged, the lower end of the tendon is easily found. Sometimes the upper end may be found by putting the other fingers also in extension; thus, by the adhesion to the sheath common to several tendons, the upper end is brought down. To prevent re-

traction the tendon is attached to its neighbor by a fine suture.

The hand is dressed with the uninjured fingers in extension, and the wounded one in flexion. This best keeps the cut surfaces in apposition.

Felicit in La France Med.

ABORTIVE TREATMENT OF GONORRHEA BY PERMANGANATE OF POTASH.

According to this author, the permanganate, locally applied on the diseased mucous membrane, is more efficient, prompt and reliable than any other known up to the present time. Among its great advantages may be enumerated its cheapness, want of odor, and as it is indolent it does not irritate, and in all cases if applied daily will cut short every case of gonorrhea.

The strength of the dosage depends on the extent of reaction present. In the acute stages, from 1-1000 grains or 1-2000 grains will suffice. After this it may be employed stronger. The injections should be always made by the physician. Three may be given in a day. It is seldom that more than twelve injections are needed.

—M. Jaet in *Annals de Derm. et Syphil.*, Oct., '93.

ENUCLEATION OF THE ASTRAGALUS FOR COMPOUND DISLOCATION.

The patient was a very heavy, corpulent man, 42 years old. He was mounted on a bus (charette), standing on the steps, which were fenestrated, when the horses suddenly started; his left heel went down between the iron rounds, and was there fixed, while the whole body was thrown, with great energy, to the ground. Now, he was dragged some distance before the horses could be stopped.

He was in great shock when lifted up. The astragalus had been completely dislocated, turned on its axis and driven through the skin. There was no fracture of the malleoli.

The astragalus was now promptly resected, under the cautious employment of antiseptics, but infection set in, and on the third day the leg had to be amputated; 24 hours following this, he sank and died.

—Dec., '93, *Medicine Modereve*.

DIFFERENT MODES OF SUTURING IN GASTRO-ENTEROSTOMY.

M. Villars states that the latest is Matigan's, whose experimental work has been altogether with the lower animals.

M. Robson has devised a decalcified bone bobbin for which he particularly claims that it will diminish the tendency of contraction at the point of anastomoses.

He claims for them, too, that their introduction is rapid and simple.

Matigan's plates are of horn and are so constructed as to maintain a wide separation of the gap until solid union of the serosa is affected. It is in construction essentially the same as Senn's.

Page collected the reports of 36 cases of ileojejunoanastomosis in man. Of the first 18 cases 10 died. Of the second 18 five only died.

In 100 cases of anastomoses, secured by the Lambert suture, 38 died.

This author makes the rather significant remark that notwithstanding what has been accomplished recently in intestinal surgery, the French have not been enthused over it, and very rarely have recourse to it.

PATHOLOGICAL CONDITIONS CONSEQUENT TO INJURIES.

There have been remarkable phenomena following severe injuries, noted since the earliest antiquity, and of the most curious are the sequelae which come on at varying intervals after injury, in some not for years. The following is an interesting example cited at the Bicetre: Man entered hospital June 12, 1893, for treatment of epilepsy. Hereditary history negative. At the age of four years sustained a serious burn of the face, with extensive contraction and deformity following. No neuropathic trouble following in infancy; but at the age of twenty suddenly acquired the drinking habit, with violent epilepsy. On examination of the arm and hand on the side of the burn marked atrophy was observed, with contracted state of several tendons. From this case Fere concludes that any serious injury in infancy may determine amyotrophic changes on the same side, with wasting of the limb and other conditions referable to the nervous system, later in life.

—*Revue de Chirurgie*, 10th Oct., '93.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

TREATMENT OF THE FEVER OF PHTHISIS.

Antipyretic treatment, writes Dr. Savigny, constitutes one of the most important factors in the therapy of this disease. Agents such as the new antipyretics, of which antipyrin is a type, are not advisable. All these drugs diminish cardiac power, only influencing the fever as a symptom. Symptomatic treatment is not to be used except for cases of rapid tuberculosis, where ease is all that can be hoped for.

General hygiene should be the mainstay of treatment. Living in the open air, cold sponging judiciously used, a substantial and varied regime, exercises such an action over nutrition that it is scarcely necessary to resort to internal treatment.

Savigny tells us that Hochhalt has strongly recommended arsenic for the treatment of hectic fever. This drug improves the appetite, increases the weight, but, with the exception of the initial inflammation at the apex of the lung, it has no influence over the course of the lesions.

Fever is manifestly influenced when it is of concomitant and intermittent type, and when it does not exceed 39 degrees. Per contra arsenic has no action on the initial fever and rapid forms of the disease. Fowler's solution may be used, commencing with one or two drops, and increasing each day up to five or six drops; rarely more. The fever generally ceases at the end of five to twelve days.

The favorable action is not confined to the lowering of fever and stoppage of night sweats, but is extended to the improvement of the appetite and weight. After the fever has ceased, treatment with creosote may be begun.

In the treatment of fever the state of the heart must be taken into account; as a rule its action is weak. Brehmer and Detwiler recommend prolonged applications of ice; others use alcohol. Ziemsen remarked that alcoholic drinks, where there is a tendency to hemoptysis, are contraindicated, as might be readily supposed. Digitalis should be used with caution. Camphorated oil injections render service in phthisis, by renewing the cardiac energy.

—Revue Medicale.

TREATMENT OF SMALLPOX.

Junel Renoy has tried the method of treatment of smallpox in semi-darkness. He found that it did not abate the disease nor hinder the secondary fever, and the cicatrices were not prevented. The treatment may have succeeded in some cases of varioloid, and in some cases of discute smallpox, but in grave confluent cases he did not find it of any service whatever.

—La France Med.

ALBUMINURIA WITH EXCESS OF PHOSPHATES.

M. Robin (Paris) points out three main objects in the treatment of this condition: First, to lessen general disintegration in the tissues rich in phosphorus, promote assimilation of phosphates supplied as food, and stimulate oxidation (as by cod-liver oil, arseniate of soda, phosphates with strychnine, hypophosphites, magnesia, sulphate of quinine, inhalations of oxygen); second, to favor the renewal of red corpuscles (as by iron, arsenic and strychnia); third, to combat the albuminuria (as by gallic acid, iodo-tannic preparations, mixed milk diet). These indications should be followed at stated intervals and in regular order, and succeeded by course of mineral waters.

—La France Medicale, Dec. 8, 1903.

TREATMENT OF CHRONIC BRIGHT'S DISEASE.

The following is the treatment recommended by M. Huchard for the interstitial nephritis so frequently met with in gouty subjects, and characterized by slight cedema, dyspnoea, cardiac weakness and a copious discharge of urine, with an insignificant amount of albumen:

1. For at least 15 days the patient is given an exclusively milk diet. Two quarts of milk should be taken in the day, at a rate of ten ounces every two hours.

2. At the same time a teaspoonful of a mixture of 2½ fluidounces of liquor extract of kola and 4 fluidounces of extract of cocoa is taken

twice a day in milk—at 8 in the morning and at noon, the object of which is to counteract the weakness of the patient produced by milk.

3. If the milk disagree, a little vichy water may be added, and five or six of the following wafers taken during the day—benzonaphthol, one ounce; pancreatin, $2\frac{1}{2}$ drachms, divided into 40 wafers. If the patient manifests a repugnance for the milk, a little rum, cognac, cherry laurel water, etc., may be mixed with each glass of milk.

4. Every month the patient should be submitted to this milk diet for five or six days, in order to produce a diuresis, which is the salvation of the case—to effect, so to speak, a washing out of the kidneys.

5. For three days every month a pill should be taken, consisting of one grain of each of powdered digitalis, powdered squill and scammony.

6. After the first fortnight of the milk diet solid food may be allowed, provided that a good deal of milk be employed in its preparation. During the first few months the patient should eat no meat, which is the cause frequently of the dyspnoea.

7. For 20 days each month small doses of iodide of sodium (6 to 10 grains daily) should be ordered as a heart tonic.

8. The state of the skin should be attended to; dry friction, or the application of some stimulating liniment daily, is of great advantage.

—The Med. Press and Circular.

THE TREATMENT OF DIPHTHERIA.

Dr. C. Durand, of Lockport, N. Y., in the Archives of Pediatrics, writes as follows:

The proper treatment of diphtheria justly receives a great deal of attention, and in view of the alarming mortality that generally attends it any drug that can be shown to favorably modify the course of the disease is worthy of being given an extended trial.

Lunin and Schenker, and, later, Baruch and Jacobi, have advocated the use of turpentine, and in this connection I would report a series of ten cases in which turpentine was used and to which I attribute the successful results.

The type of the disease was by no means mild, as several children died in same families under other treatment. Of the ten cases, in six the pseudo-membrane was confined to the tonsils and

back of the pharynx; in two it attacked also the nose, and was attended with hemorrhage, and in two symptoms of laryngeal involvement were present. The temperature ranged from 103 degrees F. to 104 degrees F. in the several cases, and the extension of the pseudo-membrane to the nasal mucous membrane was attended by a rise of temperature from 101 degrees F. to 103.5 degrees F.

Treatment. A teaspoonful of the following mixture was given in water every three hours, and the throat swabbed with it every hour.

	Gram.
R. Tr. Ferri mur.....	30
Potas. chlorat.....	6
Ac. mur. dil.....	8
Glycerine q. s.....	ad. 120

M.

In addition to this sp. turpentine was given in doses of from one-half to one teaspoonful four times a day. The good effect of turpentine in the treatment of diphtheria may be due not only to its antiseptic properties which it possesses in common with other essential oils and related compounds, but also to its power of absorbing oxygen in the form of ozone, and acting as an oxidizing agent on the toxins in the blood.

INFLUENZA.

According to Dr. Mortimer Granville (London), "influenza" is a Chinese marsh fever, attended with a non-inflammatory high temperature and more or less congestion of the bronchial apparatus, and calling for tonic, nutritious and stimulating treatment throughout its course.

The high temperature is due to sudden transference of blood from the large vessels within to the small vessels of the skin and mucous membranes, and the shock to the vaso-motor centre needs support by stimulant remedies, instead of antipyrine and other coal-tar derivatives. It is not an inflammatory disease we have to combat, but a poison which threatens to kill our patients by mere collapse; and the high temperature, the congestion and the neuralgic pains are symptoms directly arising out of, and fully explained by, the inhibitory effect of the poison upon the nerve centre. He recommends the following formula:

R—Camphoræ, 60 grains; tinct. iodi, 60 min.; mucilago acacia, $\frac{1}{2}$ ounce; glycerini, 6 drachms; ol. menth. pip., 6 min.; syr. zingiberis ad., 3 ounces.

Two teaspoonfuls every two or three hours. Also, meat juice, beef tea, and champagne or brandy, in moderation; and mustard poultices or turpentine stupes to chest, if indicated.

—Med. Press and Circular, Dec. 12, 1893.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

FRIAR'S BALSAM IN ULCERS—BLACK WASH IN ECZEMA—OIL OF AMBER IN ACNE.

Dr. H. S. Purdon (Belfast) extols tincture of benzoin comp. as an application to ulcers and fissures. Labial and lingual fissures are quickly healed. A drachm or two of the balsam in an ounce of zinc ointment has an almost specific action on all kinds of indolent or sluggish ulcers, no matter where situated.

Dr. Purdon advocates black wash, mixed with a tenth part of glycerine, in the treatment of eczema rubrum. Strips of linen soaked in this are applied around the effected limb, and renewed night and morning.

He also praises oil of amber in the treatment of acne (sebaceous) of the face, applying it at night, and washing off with hot soap and water in the morning.

STYRONE.

A compound of balsam peru and styrax. Occurs usually in the form of a brown, syrupy liquid, of a pleasantly aromatic odor, and a pungent, biting, persistent taste; also crystallizes, but the crystals have no advantage in use over the liquid, and costing many times as much as the liquid, the latter only is supplied. Antiseptic, deodorant, analgesic. Makes a pleasant deodorizer, in solution, used as a spray in the sick room; likewise an agreeable mouth wash, to neutralize tobacco and other odors, and is a valuable antiseptic for dental practice.

In 1 to 5 per cent. solutions it furnishes a strong antiseptic for surgical use, dissolved in olive oil, or mixed with ointment bases; it has also a record of excellent service in treatment of otorrhea.

Styrone is not in general use, and is apparently unknown to most practitioners; but its friends are enthusiastic believers in its value.

—American Therapist.

OLD-FASHIONED REMEDIES.

Dr. Samuel Wilks (London) speaks up for four old-fashioned remedies: belladonna for Graves' disease; Fowler's solution for idiopathic anemia; iodide of potassium for tuberculous peritonitis

and Dover's powder for chronic diarrhea and dysentery. He has often met success from the use of half-grain doses of extract of belladonna, thrice daily in Graves' disease, after other agents had failed. In idiopathic anemia 5-minim doses of Fowler's solution, thrice daily, have cured many cases. Tuberculous peritonitis has succumbed to iodide of potassium, combined with the application of blue ointment to the abdomen. And he has rarely failed to arrest chronic diarrhea and dysentery with Dover's powder, five grains three times a day, and dilute sulphuric acid.

TREATMENT OF WHOOPING COUGH: WITH QUININE.

Dr. Baron has observed very good results in several epidemics, both in uncomplicated and especially in complicated forms. The action shows itself from the fifth or sixth day. It is, therefore, somewhat difficult to persuade unintelligent people to continue the treatment if they don't see an improvement at once. The dose used was:

Muriate of quinine, 0.01 per month (or a little more in stronger babes), and 0.1 per year (up to 0.4), three times a day, best at 6 A. M., at 2 and at 10 P. M., followed by an acid mixture, especially in fever patients.

—Berl. Klin. Woch.

PSORIASIS, DEVELOPED OVER NERVE TRACTS.

Thibierge presented a man, 46 years of age, who for 23 years had frequent recurrences of left-sided sciatic neuralgia, and who for the last 18 months suffered from psoriasis.

The eruption showed itself at first as streaks occupying the field supplied by the left internal saphenous nerve; then the surface supplied by the musculocutaneous nerve of the trachial plexus on each side became involved.

It then showed itself on the posterior part of the elbows, and the buttocks, but never attacked the right leg.

This would tend to show the nervous origin of psoriasis, whether it be admitted that a nervous disorder can of itself produce the disease, or whether, according to Crocker's theory, the nervous lesion simply modifies the nutrition of the skin, and favors the action of a parasitic agent.

—La France Méd.

Gynecology.

Under the charge of F. S. Parsons, M. D.

GUSSEROW ON ASCITES AND PATHOLOGICAL LESIONS WITHIN THE ABDOMEN IN THE FEMALE.

Gusserow has studied with great care all the numerous changes of apathological order in connection with the genitalia and peritoneum, which may give rise to ascites.

Non-encysted ascites he sets down as only symptomatic, or a result of pathological changes in distant organs. There is no oedema of the limbs, nor of the over-lying integuments. Such women are always thin, wasted and weak. We may find the lesion in the circulatory apparatus, the kidney or liver.

For diagnostic purposes he does not favor punctures, but rather an incision, six centimetres long, so that at the time of exploration, if we find a movable cyst, we may there and then do an operation for its removal.

Ascites of a local origin may be divided into two classes from an anatomical standpoint. The non-encysted and the encysted. The former is now generally caused by cancerous or tuberculous peritonitis.

The second group are those due to papilloma of the ovary, with true cystic formation. Besides, we may have serous cysts of the broad ligament, the mesentery or omentum, and those which are retro-peritoneal.

But in all cases of cysts we will find more or less ascitic fluid from a low type of inflammation of the peritoneum, caused by the growth in the peritoneal cavity.

—Revue de Therap. Medico-Chirurg.

Amenorrhea and Corpulence.—Lomer described before the Hamburg Obstetrical Society a case of extreme obesity following amenorrhea. The patient had become exhausted by prolonged lactation. She gained fifty pounds in a year, and was so fat that she could scarcely walk. She suffered badly from vertigo, flushings and epistaxis. The cervix was scarified; all the symptoms, especially the bleeding from the nose, disappeared; and the patient diminished in weight. Kirch, it was pointed out, has already practiced abstraction of blood in the treatment of excessive corpulence.

—Columbus Medical Journal.

PRIMARY CANCER OF THE RIGHT OVARY, WITH ABUNDANT ASCITES.

Per Professor Coyne, of Bordeaux.

Patient, 17 years old, entered hospital June 12, '93. Nothing particular in her history, either personal or antecedent. Menstruated first when 14 years old. Always regular since. The affection for which she entered hospital commenced with pain in the right side the year before. Some time before she came to the hospital she felt a mass in her right flank. It was very hard and readily movable under the finger. Patient now greatly reduced in flesh, with no appetite; in constant pain. The abdomen was enormously distended. On July 20th the tumor was removed. It proved to be as diagnosed—a malignant neoplasm of the ovary. It had few adhesions, and was readily removed.

—Bulletin de L'Academy de Medicine, Nov. 12, 1893.

LARAPOTOMY FOR EXTRA-UTERINE PREGNANCY AT THE TWELFTH MONTH.

M. N., age 38; first menstruation at 10 years; married at 17.

Became pregnant soon after marriage, and without any accident made a good recovery after delivery at time; at 28 she had an abortion.

On the 12th of November, 1892, she menstruated the last time. January 12, 1893, taken suddenly with severe pains in the left side. Severe cramps, ballooning up of the abdomen and vomiting followed. Under treatment these all disappeared, and the patient, from this time, went on without any mishap, enjoying excellent health.

Late in September she lost some blood per vaginam. Sponge-tents were introduced into the uterine cavity and a curette was applied, without benefit, and nothing could be found.

An examination of the abdomen was now made, and from well-marked symptoms it was apparent that the woman had an advanced extra-uterine pregnancy.

Operation on 13th of November. On opening the peritoneum the foetus, fully developed but dead, was come on. This was lifted out and the placenta ligated at its stalk and detached. Twenty hours after operation patient was doing well.

—Journ. de Medicine de Bordeaux, Nov. 19, '93.

Miscellany.

THE OLD EXCUSE.

Dr. I. Gutman, a reputable physician practicing in the lower wards of the city, was called recently to attend a woman suffering from what appeared to be menorrhagia. After prescribing for her and leaving the necessary directions, he did not hear from her until three days had elapsed. In the meantime she had been delivered of a two months' fetus by a midwife. He delivered the membranes and washed out the uterus, and the patient having been made comfortable he then requested his fee. Its payment was postponed on a flimsy pretext by the husband. The following day the fee was not only refused, but the husband secured the services of a detective who arrested the doctor for malpractice and the production of abortion. As a consequence the daily papers paraded the fact under the usual sensational headlines, virtually branding the doctor as a quack and a criminal. The doctor was honorably discharged by the Judge. These outrageous proceedings are now offset by a suit on the part of the doctor against the detective for ten thousand dollars damages. Under the circumstances who can be considered safe. Those who know Dr. Gutman and can testify to his good standing and high professional attainments, are at a loss to conjecture why he of all others should have been the victim of such dastardly persecution.

—New York Medical Record.

A GOOD ARTICLE.

It is said that "good wine needs no bush," but, nevertheless, I should like to hold a bush out for a moment in front of a package of Fehr's Talcum Powder. I see it advertised so extensively and continuously that I suppose that the majority of physicians have made as considerable use of it as I, but should such not be the case I suggest giving it a trial the next time they want a dermal powder for any purpose. It is most agreeable to the skin, whether that of a baby or an adult, and not its least recommendation is the moderate price.

ERNEST B. SANGREE.

2020 Arch street.

DR. MURPHY'S ADDRESS.

Prof. John B. Murphy, of Chicago, College of Physicians and Surgeons, has recently been the honored guest of the New York Academy of Medicine. From our correspondent we learn that the leading representative members of the profession were out in full force.

Dr. Murphy's essay was on the subject of intestinal surgery, and was a learned and exhaustive resume of the present status of this branch of surgery, illustrated by extensive exhibits in drawings and pathological specimens. He also gave a full description of the technique and application of the "Murphy anastomotic button." We had supposed that Prof. Senn had exhausted the subject, but it seems now that he must look well to his laurels, for a formidable rival is now in his way, in the person of this distinguished son of Chicago.

LINCOLN ON MARRIAGE.

"In some respects," said the gentleman referred to, "Lincoln's memory suffers by reason of his having been the king of wit. There are those who think he never said anything serious. I cannot understand how such an impression exists, but I know it does. Why, he was one of the greatest philosophers I ever heard, and his philosophy was always modestly put, but at the same time he was always so sincere in it that he was at times almost solemn.

"I remember on one occasion he was talking about marriage, a subject in which he always took the most profound interest. He said that every man who contemplated marriage should stand over a doctor with a club and make him tell the truth in reference to the chosen partner for life, if there were no other way of getting it out of him. And he went further. He declared that the parents who would allow a girl to marry a man without knowing as nearly as could be known his physical as well as his moral condition deserved to be scalped. In his opinion the whole marrying business was wrong.

"He declared that fashionable girls too often were cursed with foolish mothers, who cared for nothing but to see their flesh and blood sold to the

highest bidder. There was nothing funny in that sort of talk, was there? It ought to be framed and hung up in every home in the land. How few men knew the deeps of that master of men. What a loss to the world that he should have been taken away from it at the time when he was just being understood."

—Chicago Tribune.

PILGRIMAGE OF MUSSELMEN TO MECCA.

The number of Mohammedans who made the annual pilgrimage to Mecca during 1893 has been unprecedented, according to the official figures.

There passed through the port of Djeddah alone 95,625 of all nationalities.

The highest number ever passing through here before was in 1880, 59,659; and the smallest in 1868, 23,325.

In nationalities they were from India, Egypt, Algiers, Java, Turkey, Arabia and Persia.

—Medico-Chirurgicale, Nov., '93.

A SHAWL-PIN SWALLOWED.

A child, thirteen months old, swallowed a shawl-pin, the bead end first. Against the advice of the physician, castor oil was given liberally, and twenty-and-a-half hours after swallowing the pin, it was passed per rectum. It was three and nine-sixteenths inches in length, and the head measured seven-sixteenths of an inch in diameter.

—Boston Medical and Surgical Journal, 1893.

SPECIAL WEEK IN DISEASES OF THE HEART AND LUNGS.

The Philadelphia polyclinic has arranged to give a week upon the diseases of the heart and lungs, commencing Jan. 22, the instruction being arranged on a plan similar to that pursued in the recent week devoted to cataract.

DR. HUNT'S RESIGNATION.

Dr. William Hunt, senior surgeon to the Pennsylvania Hospital, has resigned, having served thirty years on the surgical staff.

General paralysis, locomotor ataxy and aneurism are frequently due to antecedent syphilis; and fairly warrant the employment of specific treatment in their earlier stages.

Prescriptions.

EASY RULES FOR CONVERTING ONE SYSTEM INTO THE OTHER APPROXIMATELY.

One gram equals 15 Troy grains.
One Troy grain equals 1.15 gram.
One cubic centimeter or fluid gram equals $\frac{1}{4}$ fluid drachm.
One fluid drachm equals 4 cubic centimeters or fluid gram.

Hence—To convert Troy grains to grams or minims to cubic centimeters divide by 15.

To convert apothecaries' drachms into grams, fluid measure, multiply by 4.

The easiest way of writing prescriptions in metric system is to place the same numerical weight necessary for one dose in grains or minims in grams and divide into 15 doses, thus:

	Grains.
R Pulveris Doveri	10
Saccharis lactis	20
M. Ft. chart No. 1 converted will read:	
	Grams.
R Pulveris Doveri	10
Saccharis lactis	20
M. Ft. chart No. 15.	

OXALIC ACID AS AN EMMENAGOGUE.

	Gram.
R Acid oxalic,	2
Aquae dest.	40
Glycerini,	40
Syr.,	60
M. S.—Two to four tablespoonfuls every hour.	

—Lancet-Clinic.

FOR HAEMOPTYSIS.

	Gram.
R Quininae hydrochloratis, .....	.065
Pulveris digitalis,	a .065
Pulveris opii, gr. ss. ....	.03
Misce et fiat pilula. Dose: One to be taken every six hours.	

—The Practitioner (London).

FOR NEURALGIA.

	Gram.
R Ferri Tartarati .....	.13
Quininae Sulphatis, .....	.13
Acidi Tartarici, .....	.03
Extracti Nucis Vomicae, .....	.03
Misce et fiat pilula. Sig. Take one three times a day.	

—London Practitioner.

AN ALKALINE QUININE MIXTURE.

	Gram.
R Quininae Sulphatis .....	.065
Potassii Bicarbonatis,	1
Ammonii Carbonatis, .....	.13
Mucilaginis Tragacanthae,	7.80
Aquae Chloroformi,	ad .30
Misce et fiat mistura. Sig. Two tablespoonfuls to be taken three times daily.	

—London Practitioner.

MALARIAL CACHEXIA.

	Gram.
R Cupri sulphatis .....	.13
Strychnin sulphatis .....	.06
Ferri sulphatis	4
Quinin. sulphatis	2
Acidi sulphurici aromati.	Qs.
Aquae, Qs. ad.	120
M. Sig. A teaspoonful three times a day for five or six weeks.	

—Weekly Medical Review.

Dr. Herman D. Marcus has removed his office to 2263 North Twenty-first street.

ALL WOMEN TALK

About their Doctors. If you relieve one, twenty know it. ASPAROLINE COMPOUND will relieve the women who suffer from functional Dysmenorrhœa and Leucorrhœa and they'll talk about it. We'll send you enough ASPAROLINE COMPOUND free, to make one woman talk. May we do so?

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brochure
and
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Physicians

Miscellany.

PLAUSIBLE EXPLANATION.

Howard's father is a physician, says the New Orleans *Picayune*, and one day when the doctor was out, Howard and a little visitor were "playing doctor" in the real doctor's office.

In the course of the game Howard threw open a closet door and disclosed an articulated skeleton to the terrified gaze of his playmate.

"Poor, Walter!" said Howard, "what you 'fraid of? It's nothing but and old skellington."

"Wh wh-where did it come from?" asked Walter, with chattering teeth;

"Oh, I don't know. Papa's had it a long time. I guess likely it was his first patient."

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